2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04942

CERTIFICAT	E OF DEATH	Reg. Dist. No
I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DEC	
Pinel Clinic, Howard Co MARYLAND	STATE 602 Clear Sprin	ng Rd. Balta.Md
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write I	RURAL and give nearest town)
TOWN Ellicott City 9 das.	Town Baltimore L	2. Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinel Clinic	ADDRESS 5602 Clear S	oring Road
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE OF	(Month) (Day) (Year)
(Type or Print) Maude 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	Bailey DEATH 18. DATE OF BIRTH 19. AGE last birt	May 9 195] hday [If under 1 year If under 24 hr
Female White Widowed, Divorced (Specify) Senarate	d July12, '81 69	vrs. Months Days Hours Min.
10m. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	Hickory, Pa.	12. CITIZEN OF WHAT
Housewife None	14. MOTHER'S MAIDEN NAME	1 0 0 0
JOHN MAYSHALL	MAYY AGNES	Hill
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND JADDRESS	
No leervice)	Daughter-Mrs. C.B.	Russell
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Immediate cause (a) Cerebral Thromb	osis	2 days
332 X Antecedent cause(s) Diseases or conditions, if any. giving rise to the above cause	o-sclerosis	2 years
stating the underlying cause last (c) Depression		1 year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. INJURY	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May. 1	, 19.51, to May 9 , 1951	that I last saw the deceased
alive on May 9 , 19 51, and that death occurred at	12.45Am from the seuses and or	the date stated shows
SIGNATURN (Degree or title)	ADDRESS	DATE SIGNED
Ling ayla m.h.		5-9-51
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 5-/2-1957 Scottdal	P Scottda	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
REG/10/5/ Meduch	John O. Mitchell tomo	1900 E.t - 1- PO

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

04943

Reg. Dist. No. 194

/							
1. PLACE OF DEATH COUNTY HOWARD	I .	MARYLAND	2. USUAL RESIDENCE (COUNT	Y	
OR give nearest	orporate limits, write RURA town) Mpsonville		CITY (If outside corpor OR TOWN Simpson		RURAL and g	ive nearest to	vn)
HOSPITAL OR INSTITUTION OF STREET ADDRES	R		STREET ADDRESS		give location)		
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE	(Month)	(Day)	(Year)
DECEASED (Type or Print)	Herbert.			OF DEATH	5-25-51		19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last hir	hday If under	r i year If un	der 24 hre.
М	White	(Specify) Married	Aug.4,1881	69	yrs. Months	Days Hou	m Min.
10a. USUAL OCCUP.	ATION (Give kind of work	10h. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country) 1	2. CITIZEN O	P WHAT
	vorking life, evon if retired)	INDUSTRY Farming	Howard Co.	Md.		COUNTRY?	
13. FATHER'S NAM	Owner	Tarnans	1 14. MOTHER'S MAIDER				
Richard H.			Mary E	Whipps			
(Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of	of]	17. INFORMANT AND	ADDRESS			
No	service)	Nome	Grace S. Brown,	Simpsonvi	ile Md.		
		18. MEDICAL CE	RTIFICATION			1	
* PYGELGEG OF GG	NIDITIONS DIBECTIV	LEADING TO DEATH				ONSET AN	
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				UNBET AN	DEATH
		Granay 100	moses			El made	deals
Immediat	e cause (a)	or film		****** *** ****************************		27/1/	
11201		//					
	nt cause(s)	0					
Diseases or	conditions, if any, (b)	***************************************	PS0-:0000-0-:				
giving rise to	o the above cause inderlying cause last	116 1-1	1 11 1	_			
/ John Breaking the G	inderlying cause last	Mus Mustic land	o- Pasoular L	inease		Breeze	end
	(c)//	mount of a form	100000	NACO		1000	
Conditions contribu	CANT CONDITIONS uting to the death hut not se or condition causing deat	h. More				0	
19- DATE OF OPE	RATION 19h. MAJOR F	FINDINGS OF OPERATION				20. AUTO	PSYT
ISM. DATE OF OLE							
						Yes []	No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR	TOWN)	COUNTY	(STA	ΓE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY O	CCUR!			
OF		While at Not While					
INJURY	m.	Work At work	1				
		decorred from June.	10 46 Aller.	25			
22. I hereby cert	ify that I attended the	e deceased from	10, 1946, to	25, 195/,	that I last	saw the de	ceased
m		//	130				
alive on	7 / 4 193 an	d that death occurred at	.m., from the	e causes and o	n the date s	tated above	e.
SIGNATURE		(Degree or title)	ADDRESS	ma 1		DATE S	
11/1/	TH	4 100 0	011 41.7	and.		-/-	clas
Milliam	1 n. Lassaury	m.p.	1/4 100 149 1	11100		6/2	9/3/
77	AMYON A DAME MADE IN	A LAND OF CEMPOR	RY OR CREMATORY	LOCATION (Cit			St. A.S.
23. BURIAL, CREM	(dfy) 5-126-5	Loudon Par	rk	Baltimore	Md.	nty) ((State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	OR		ADDRES	SS
REG. 5 -29 -	51 mare	: a. Wherakes	F.C. Higinbot	hom, Ellic	ott City	, Md.	
						10010	5



04944

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

/		1 Old Miller Coll		ne,	F. Digt. No.		
1. PLACE OF DEAT	rH•		2. USUAL RESIDENCE (F	IOME) OF DECEA	SED.		
COUNTY Ho	oward	MARYLAND	STATE		COUNTY	Beltimore	
CITY (If outside	corporate limits, write RUR	AL and I LENGTH OF STAY	CITY (If outside corpora	te limite, write RU	RAL and give	nearest town)	-
TOWN SV	cesville (Rural	(in this place)	TOWN Cockeysv				
HOSPITAL OR	1021110 1-11111		STREET	(If rural, give	location)		-
HOSPITAL OR INSTITUTION O STREET ADDRI	OR		ADDRESS MASO	71	OME		
3. NAME OF	Route #32	(Middle)	(Last)		Month)		
DECEASED	(First)	1.1	(Last)	OF	Month)	(Day) (Y	Year)
(Type or Print)	ALBERT	WILLIAM	BYNAKER	DEATH 5	29_51		19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,		9. AGE last birthds	y II under I	Days If under	24 hrs.
Male	White	(Specify) PATTIEC	8-28-1904	46 yr	1.		
done during most of	PATION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o			CITIZEN OF V	WHAT
Farm Mar	working life, even if retired)	Masonic Far	m New Mark	et. Va.	"	OUNIRII	
13. FATHER'S NA				NAME			
WM B	YNAKER		ELIZ. W.	EAVER			
15. WAS DECEASED	EVER IN U.S. ARMED FORCES		17. INFORMANT				
(1et, no, or unknown	(If yes, give war or dates (100	Mrs. Albert By	naker, Cock	eysvill	.e, Md.	
		18. MEDICAL CE					
I DICKAGES OF C	CONDITIONS DIDECTLY					INTERVAL BET	
i. Diseases on C	CONDITIONS DIRECTLY	LEADING TO DEATH				ONBET AND D	PEATH
Immedia	to 20000 (a) C	ardiac failure					
1/71 / Immeura	te cause (a)v.	All the Self And Self Self Control of the Self And			**** *****		
	ent cause(s)						
	r conditions, If any, (b)R.	heumatic heart dis	sease	***************************************			
	underlying cause last						
	(c) C (alcific aortic ste	enosis		1		
II. OTHER SIGNIF	TICANT CONDITIONS				1		
Conditions contril	nuting to the death but not case or condition causing deat	h. Automobile acci	dant				
		FINDINGS OF OPERATION	uent			20. AUTOPSY	Y?
						Yes - N	10 D
21. EXTERNAL CA	AUSE WAS 1 PLA	CE (Home, farm, factory, street,	(CITY OR T	OWN)	(COUNTY)	(STATE)	
PRIMARY OR C	CONTRIBUTING 🖓 OF	office hldg., etc.)		£.	(0001111)	(011112)	
	(Day) (Year) (Hour)	URY HIGHWAY	HOW BEN INTURY DO	CUR Howard C	ov, Md,		
OF		While at Nnt while me	Operator of car	r which ran	off rd	into	
INJUN29-5]	1 12:10 A m.	work K at work	Opera dor or our	teler	hone po	TE	
92. I certify that	I took charge of the remo	ins described above, held an A					nce
obtained by sa	iid Autopsy, Inspection o	r Inquiry, find that said dece	ased died on the day state	d above, and deal	th in my o	pinion resul	lied
from: nature	al causes 🗍, accident 🗒	X. suicide [], homicide [],	undetermined [].				
SIGNATURE		(Degree or title)	ADDRESS			DATE SIGN	NED
11/:11.	11/20/ -			2			
Milleau	1 (AOVIN)	M.D. 700 F	eet St. Baltime				- Carlon
23. BURIAL, CREM BOLIOVAL (Spe	MATION DATE HERE		1	OCATION (City, to	wn, or county		1
			nus 1	Mucoy	ruly	ma	. /
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE O	24. FUNERAL DIRECTO	SH O	311	ADDRESS	, /
7110 50	496 A alice	, or obether	70. Negul	Choin . Ex	Wist	Cilu h	nd
and the			7			7	7
19					100	105	

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

BUREAU V. S.
BUREAU V. S.

VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

04945

1. PLACE OF DEATH- COUNT WE TO COUNT WE TO COUNT TO COUNTY OF OUR STAY (IN this place) CITY Of outside corporate limits, write RURAL and LENGTH OF STAY (IN this place) COUNTY OF OUTSIDE OF COLUMBIA ROAD ROSHTAL OR INSTITUTION OR S. RAME OF (First) COLUMBIA ROAD CARDA ROAD COLUMBIA ROAD CARDA ROAD CARDA ROAD CARDA ROAD CARDA ROAD COLUMBIA ROAD CARDA R	/						
GITY of outside corporate limits, write RURAL and give general town) ONE of the place of the pl	1. PLACE OF DEATH-		2. USUAL RESIDENCE ()	HOME) OF DECE		Υ .	
OR FUNDAME OF COLUMDIA ROAD TOWN Ellicott City Town Ellicott Cit	Howard				Howa	rd	
HOSPITAL OR INSTITUTIONES COlumbia Road STREET	OR give nearest town)		II OR		RAL and giv	re nearest town	a)
STREAT ADDRESS Columbia Road	HOSPITAL OR		STREET STREET	(If rural give	o location)		
DECASED Crype of Princh Elmer Carlton Cavey Specify Sp	INSTITUTION OR	load	ADDRESS				
DECASED IN CAPITADO CAPANO PROCESS OF SEX 6. COLORO RACE 7. SINCOWED MARRIED 6. S. DATE OF BIRTH 9. AGE hast birthday I lunder 12 hrs. Machine Line most of working life, even if retired) INDUSTRY BERK 9. 13-1886 54 7% Months Days Hours Machine during most of working life, even if retired) INDUSTRY BERK 9. 11. BIRTHFLACE (State or foreign country) Industry Berk 11. BIRTHFLACE (State or foreign country) Machine Large Mac	3. NAME OF (First)	(Middle)	(Last)	14. DATE	(Month)	(Day)	(Year)
6. SEX 6. COLORO RACE 7. SINGLE, MARRED WIDDWISD, DIVORCED BY 100 Members 100	(Type or Print) Kimer (ariton	Cavev		OF DEATH	5-29-51		19
108. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 108. WAS DECEMBED FOR IN U.S. ARMED FORCEST 13. WAS DECEMBED EVEN IN U.S. ARMED FORCEST 15. WAS DECEMBED EVEN IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS 17. INFORMANT AND ADDRESS 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. Antecedent cause (a) 10. There is the above cause stating the underlying cause last 20. In OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causellast 19. DATE OF OFERATION 19. MATERIAL CERTIFICATION 21. ACCIDENT 22. ACCIDENT 33. MATERIAL CERTIFICATION 24. AUTOPSY: Yes 1 No. M. 25. AUTOPSY: Yes 1 No. M. 26. AUTOPSY: Yes 1 No. M. 27. AUTOPSY: Yes 1 No. M. 28. AUTOPSY: Yes 1 No. M. 29. AUTOPSY: Yes 1 No. M. 20. AUTOPSY: Yes 1 No. M. 20. AUTOPSY: Yes 1 No. M. 20. AUTOPSY: Yes 1 No. M. 21. ACCIDENT 22. I hereby certify that I attended the deceased from 1. 19. H., to	5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	S. DATE OF BIRTH	9. AGE last birthd	ay If under	1 year If und	er 24 hrs.
10b. KIND OF BUSINESS OR DESTRICT CONDITIONS DIRECTLY LEADING TO DEATH Antecedent cause (a)	M	(Specify) Married	9-13-1896	54 yr		Days Hour	Mfn.
Carrier Britk Belinore Co. Mc Mothers Maiden Name Mothers Mothers Maiden Name Mothers Mothers Mothers Name Mothers M			11. BIRTHPLACE (State	or foreign country)	12	CITIZEN OF	WHAT
13. FATTER'S NAME ROSSWELL CAVEY 15. WAS DECRASED EVER IN U.S. ARNED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS TRADEL B. CAVEY, Ellicott City, Md. 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. Antecedent cause (a) Conditions or conditions (b) Diseases or conditions (a) (c) 11. OTHER SIGNIFICANT CONDITIONS (c) 11. OTHER SIGNIFICANT CONDITIONS CONDITIONS contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19a. MORE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19a. DATE SIGNIFICANT 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19a. DATE SIGNIFICANT 19b. MAJOR FINDINGS OF OPERATION 19a. DATE SIGNIFICANT 19b. MAJOR FINDINGS OF OPERATION 19a. DATE SIGNIFICANT 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS 10b. MAJOR FINDINGS 10b		INDUSTRY Bank	Baltimore	Co. Md		COUNTRY?	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no. or purknown) (If yes, every well of dates of 2 to 15. Social Security No. ? 18. MEDICAL CERTIFICATION 19. Antecedent cause (s) 19. Antecedent cause (s) 10. Antecedent cause (s) 10. Antecedent cause (s) 11. OTHER SIGNIFICANT CONDITIONS 12. Conditions contributing to the death but not related to the disease or condition evolution and the death but not related to the disease or condition evolution and the death but not related to the disease or condition evolution and the death but not related to the disease or condition evolution and the death but not related to the disease or condition evolution and the death but not related to the disease or condition evolution and the death but not related to the disease or condition evolution and the death but not related to the disease or condition evolution and the death but not related to the disease or condition evolution and the death but not related to the disease or condition evolution and the death of the de	13. FATHER'S NAME						
It of the significant conditions of any giving rise to the above cause astation to the deeth but not related to the disease or conditions contributing to the deeth but not related to the disease or conditions of significant of the deeth but not related to the disease or conditions of significant of the deeth but not related to the disease or conditions of significant of signif	Rosswell Cavey		Lillie Cugle				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Corosing Throughout (Antecedent causes (S) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION THRE 20. AUTOPSY? THE (Mouth) (Day) (Year) (Hour) INJURY OCCURRED OF Giftee hidgs, otc.) 17 TIME (Mouth) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from	15. WAS DECEASED EVER IN U.S. ARMED FORCES!	16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Coronary Throughout (Desired and Death (Desired and D	(188, no of phiknown) (11 yes, give wat or dates of laces of	?	Isabel B. Cavev	.Ellicott (City. Md		
Immediate cause (a) Corollary Throughout Cardio Vasuals disease (b) Antecedent cause(s) Diseases or conditions, if any, gring rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OFERATION 19b. MAJOR FINDINGS OF OPERATION NOWLE 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OFF) OFF offices hidgs, etc.) HOMICIDE HOMICIDE (Mouth) (Day) (Year) (Hour) While at Not While Not While INJURY 22. I hereby certify that I attended the deceased from 19 J.		18. MEDICAL CE					
Immediate cause (a) Coronary Throughout 10 minutes (b) Antecedent cause(6) Diseases or conditions, if any, giving rise to the above cause sating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION TWILE 21. ACCIDENT (Specify) OF office hidg, etc.) OF office hidg, etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OTHER (Month) (Day) (Year) (Hour) (INJURY	I DISEASES OF COMPLETIONS DIFFCELVI	FADING TO DEATH					
Stating the underlying cause last Complete the underlying cause last Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OFERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No Major Finding death. 20. AUTOPSY? 20. AUTOPSY? Yes No Major Finding death. 20. AUTOPSY							DEATH
Stating the underlying cause last Complete the underlying cause last Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OFERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No Major Finding death. 20. AUTOPSY? 20. AUTOPSY? Yes No Major Finding death. 20. AUTOPSY	Immediate cause (a)	Coronary	Humelos	is		10 me	mete.
Stating the underlying cause last Complete the underlying cause last Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OFERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No Major Finding death. 20. AUTOPSY? 20. AUTOPSY? Yes No Major Finding death. 20. AUTOPSY	1/0A)				10.0 1 00.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1000 0000 10 0 10 0 mm
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II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diseases or conditions, if any, (b)		Cocaro 1			2 year	- Marie
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No W 21. ACCIDENT SUICIDE OF office hidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) 22. ACCIDENT SUICIDE OF office hidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) 23. BURIAL OREMATION (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? (INJURY INJURY INJURY	93 d stating the underlying cause last						
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No W 21. ACCIDENT SUICIDE OF office hidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) 22. ACCIDENT SUICIDE OF office hidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) 23. BURIAL OREMATION (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? (INJURY INJURY INJURY	(e)						
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hide, etc.) 17. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While At work 100 More Time (Month) (Day) (Year) (Hour) While at Not While At work 100 More Time (Month) (Day) (Year) (Hour) While at Not While At work 100 More Time (Month) (Day) (Year) (Hour) While at Not While At work 100 More Time (Month) (Day) (Year) (Hour) INJURY OCCURRED While At work 100 More Time (Month) (Day) (Year) (Hour) INJURY OCCURRED More Time (Month) (Day) (Year) (Hour) INJURY OCCURRED More Time (Month) (Day) (Year) (Hour) INJURY OCCURRED More Time (Month) (Day) (Year) (Hour) (State) (Day) (Da	II. OTHER SIGNIFICANT CONDITIONS						
21. ACCIDENT SUICIDE OF office hidg., etc.) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from At work Hole on SIGNATURE: (Degree or title) 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAN (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. LULL 1, 1951 ADDRESS P. C. Higinbothom, Ellicott City, Md. PLACE (Home, farm, factory, street, OF TOWN) (COUNTY) (STATE) No Y Yes No Y (CITY OR TOWN) (COUNTY) (STATE) No Y (CITY OR TOWN) (COUNTY) (STATE) No Y (CITY OR TOWN) (COUNTY) (STATE) No Y (CITY OR TOWN) (COUNTY) (STATE) No Y (COUNTY) (STATE) No Y (CITY OR TOWN) (COUNTY) (STATE) No Y (CITY OR TOWN) (COUNTY) (STATE) No Y (CITY OR TOWN) (COUNTY) (STATE) No Y (COUNTY) (STATE) No Y (STATE) No Y (CITY OR TOWN) (COUNTY) (STATE) No Y (STATE) (STATE) (STATE) (STATE) (STATE) (STATE) (STATE) (STATE) (STATE) (CITY OR TOWN) (COUNTY) (STATE) (STATE) (STATE) (OF TOWN) (CITY OR TOWN) (COUNTY) (STATE) (DO Y (STATE) (CITY OR TOWN) (CITY OR TOWN) (CITY OR TOWN) (COUNTY) (STATE) ADDRESS (STATE) No Y (STATE) (OF TOWN) (STATE) (DO Y (STATE) (OF TOWN) (STATE) (DO Y (STATE) (DO Y (STATE) (DO Y (STATE) (CITY OR TOWN) (CITY OR TOWN) (CITY OR TOWN) (CULT) (STATE) (DO Y (STATE)	related to the disease or condition causing death			none	_	1	
21. ACCIDENT (Specify) PLACE (Home, Iarm, factory, street, OF office hidg., etc.) (STATE) HOMICIDE (Nouth) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While at Not While at Not Work At work (Injury) 22. I hereby certify that I attended the deceased from	19a. DATE OF OPERATION 19b. MAJOR F	INDINGS OF OPERATION				20. AUTOP	SY?
SUICIDE HOMICIDE OF Office hdg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While a						Yes 🗆	No
22. I hereby certify that I attended the deceased from	SUICIDE OF	office hldg., etc.)	(CITY OR	rown)	(COUNTY)	(STAT)	E) /
22. I hereby certify that I attended the deceased from	TIME (Month) (Day) (Year) (Hour)		HOW DID INJURY OC	CUR?			
22. I hereby certify that I attended the deceased from							
alive on 5-22, 19.51, and that death occurred at 2 m., from the causes and on the date stated above. SIGNATURE: (Degree or title) ADDRESS DATE SIGNED 25. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) BUI 12 St. Johns Ellicott City, Md. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REG. Local REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Ellicott City, Md			.10 =	20 51			
SIGNATURE: (Degree of title) ADDRESS DATE SIGNED 5-31-51 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) BURIAL St. Johns Ellicott City, Md. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REG. LILL 1951 St. Johns F.C. Higinbothom, Ellicott City, Md	22. I hereby certify that I attended the	deceased from	, 19.40, to	4.7., 19.7./, th	at I last s	aw the decr	eased
SIGNATURE: (Degree of title) ADDRESS DATE SIGNED 5-31-51 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) BURIAL St. Johns Ellicott City, Md. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REG. LILL 1951 St. Johns F.C. Higinbothom, Ellicott City, Md	5- 22 10.51 and	d that death convered at	2 20 Pm from the	antigon and on t	he data at	stad shame	
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAN (Specify) BUT121 DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) St. Johns But121 DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) St. Johns PAGE 1-51 PAGE 1-51 ST. Johns PAGE 1-51 ST. Johns PAGE 1-51	SIGNATURE	(Degree or title)	ADDRESS	causes and on t	me date st	DATE SI	INED
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) BUI 12 St. Johns Ellicott City, Md. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REG. F.C. Higinbothom, Ellicott City, Md	6 /14	1 7M T	500 4. 12.	+ hes			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1, 1951 John B. Loughan. F.C. Higinbothom, Ellicott City, Md	Grown G Lur	slove m. N.		/ /			5/
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1, 1951 John B. Loughan. F.C. Higinbothom, Ellicott City, Md	23. BURIAL, CREMATION DATE THEREO	F A NAME OF CEMETE					iate)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1, 1951 Solvengham. F.C. Higinbothom, Ellicott City, Md 24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md	Eurlal 0-1				City, M	d.	
Lune 1, 1951 Thus B. Lougheau. F.C. Higinbothom, Ellicott City, Md			24. FUNERAL DIRECTO	OR		ADDRESS	
	June 1. 1951 John (B. Lougheau.	F.C. Higinboth	om, Ellicott	t City,	Md	
		and B. E. L					

BUREAU V. S.

issi 9 nnr

BECEINED

1)	The correct
MARGIN RESERVED FOR BINDING	EASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN R	H UNFADING
	7. WIT
	PLAINL's especially
7	WRITE
	EASE

age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

ne	()	4	9	4	6

FOR MEI	DICAL EXAMINERS	Reg. Dist. N	0
I. PLACE OF DEATH- COUNTY Howard CITY (If outside corporate limits, write RURAL and OR give nearest town) (In this	STATE CITY (If outside corp. place) OR	(HOME) OF DECEASED COUNT	
TOWN near Ridgeville, Md. Twee HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS / O	(If rural give location) N. Carey St	V
(Type or Print) Villian/C6/1660/F	OLISON (Last)	4. DATE (Month) OF DEATH 5-29-	
WIDOWED, DIVO (Specify) 10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Bush	VESS OR 11. BIRTHPLACE (State	e or foreign country) 1	Days Hours Min. 2. Citizen of What Country?
done during sport of working life, even if retired) INDUSTRY your 13. FATHER'S NAME MARION A. COLISCH	14. MOTHER'S MAIDI	ck Hall Kent co	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no, or unknown) (If yes. give war or dates of service) 219-30-9	1375 Walter n &	Policin 905%	v. 38th St
	DICAL CERTIFICATION		INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT Immediate cause (a)	y Thombrais	J	instant
H20. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Perotie Cardio Vas	cular disease	1 year
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERA	ATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) INJURY	ry, street, (CITY OI	R TOWN) (COUNTY	Yes No X
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRE While at Not wh Not while at work at wo	ile	OCCUR?	
22. I certify that I took charge of the remains described above, obtained by said Autopsy, Inspection or Inquiry, find that from: natural causes ⋈, accident □, suicide □, home	said deceased died on the day ste	Inquiry thereon and ited above, and death in my	opinion resulted
Signature & Brugtorf m. S.	Elliott ai	Try,	5-29-51
DEMINUTAL (Sunsitus)	CEMETERY OR CREMATORY	LOCATION (City, town, or coun	ml.
REG.	24. FUNERAL DIREC	TOR ALL ZOLLA	ADDRESS

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Howard MARYLAND	STATE COUNTY
CITY (II outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR glyg négrest town). (in this place)	OR OR
TOWN West Straudalis 65 years	TOWN West arrendship
HUSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yes)
DECEASED	(Last) 4. DATE (Month) (Day) (Year
(Type or Print) Mackel Univ	(-0012 DEATH // ay 3 190
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24
WIDOWED, DIVORCED. (Specify)	Thef 2 1886 6 5 VIII. Months Days Hours M.
10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WH
done during most of working life even if retired) INDUSTRY /	COUNTRY?
Housewife Home	Maryland n.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME.
Fluiamin Darney	Merries dante
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SECIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or inknown) (If yes, give war or dates of)	Do Do O Yelat of " 1.0 " Y
Mg service) Ho None	a assmont over must insusassup, n
18. MEDICAL CE	RTIFICATION INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEAS
11/1.1.	
Immediate cause (a)	y larma / how
A	ry edama I how horic hort disease 5 ms
Antecedent cause(s)	entic hart distace 5 mas
giving rise to the above cause stating the underlying cause last	
(a)	
(C)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	1.4:
Conditions contributing to the death but not related to the disease or condition causing death. Oran 73 5 male	W15
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	No. D. No.
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.)	(OUNT) (OUNT)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from	1940 to Man 3 1951 that I lost some the deceased
n - 1	
alive on / 9an 3 19 5 and that death occurred at //	1:05 P.m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
	The side of the si
Thates S. Westaling 19. D.	Casheville 174. 5/5/5/
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county)' (State)
Duriel 11129 1, 1731 Duster	Park Coopsielle Harand my
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Durial 11/20 1 2000 1000	24. FUNERAL DIRECTOR ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS WHEN A HEIGHT - Olyhandle MA

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04948

	Reg. Dist. No	0/
1. PLACE OF DEATH- COUNTY Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Fouraced
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN Research Cooksach 3 market	OR TOWN Assal Cookseelle	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF DECEASED (First) (Middle). (Middle). (Type or Print)	E (Last) 4. DATE (Month) OF DEATH May	(Day) (Year) 27 195
6. COLORJOR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday Ithhder Months 10-22-/6 3 H yrs.	1 year If under 24 hr Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working the, even if retired) 13. FATHER'S NAME	W. Va.	COUNTRY?
Engue Hollew	14. MOTHER'S MAIDEN NAME	
15. Was Deplaced Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or anknown) (If yes, give war or dates of Lachaseevel Service)	D.W. Hollow - Souvillah,	nl.
18. MEDICAL CE	ERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	ONSET AND DEATE
Coronary /	Monbosis	2 dans
Immediate cause		4
Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause	***************************************	
940 stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No C
21. ACCIDENT (Specify) SUICIDE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from fund 2	5, 195/, to May 27, 1951, that I last s	aw the deceased
alive on May 27, 1951, and that death occurred at SIGNATURE: (Degree or title)	D.m., from the causes and on the date st	ated above.
J. W. Hentien M.J.	Sykasville 5	28.51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE BEMOVAL (Specify) 5-30-51	ille Superville,	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Wer & Haiolt - Schewill	ADDRESS

BUREAU V. S.
BUREAU V. S.

2411 N. Charles Street, Baltimore

04949

CERTIFICATE OF DEATH

Reg. Dist. No. 191-193

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (It outside corporate limits, write RURAL and LENGTH OF ST)	praigrand Howard
CITY (It outside corporate limits, write RURAL and OR give nearest town) Ooks U. Lin this place) TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) WILLIAM HENRY	HORSYTHE DEATH May 17 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCET (Specify) W. dowe	C 1 May 10, 18 14 / yrs.
done during most of working life, even if retired) Retired 10b. Kind of Business (Industry Clircuit Court	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
William Henry Forgithe	Belle Welling
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	
(Yes, no, or unknown) (If year, give war or dates of service) None	M. P. Barrow, SYKESVILLE, MO
18 MEDICAL	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Coro mari Oc	clusion 30 Kin.
Immediate cause (a) Coro mary Oc	**************************************
720 - / Antecedent cause(s) Discourse or conditions If any (b) Arterio Releases	
Diseases or conditions, if any, (b)	S 10 glars
II. OTHER SIGNIFICANT CONDITIONS Conditious contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	N 1 20. AUTOPSY?
	Yes No [V
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street of office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY m. While at Not While Work At work	
22. I hereby certify that I attended the deceased from May	17, 1951, to Mag 17, 1951, that I last saw the deceased
alive on	t
M. W. Hentzen M. D.	Enkesville, Md. May 18.195,
2N BURIAL CREMATION DATE NAME OF CEME REMOVAL (Specify) Burial 5=19-51 Oak Gre	OVE Glenwood, Md. (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
5-19-51 John B. Longham. Pu. B.	E. F.C. Higinbothom, Ellicott City, Md.
E. Barl Merrico.	& slon, ma. 055956



2411 N. Charles Street, Baltimore

/		CERTIFICAT	E OF DEAT	TH Reg.	Dist. No. 191
1. PLACE OF DEAT	H• ·		2. USUAL RESIDENCE (HOME) OF DECEASI	ED.
County		MARYLAND	STATE W- myl and		COUNTY
CITY (If outside o	orporate limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corpor	rate limits, write RURA	HOWard LL and give nearest town)
OR give nearest	tt City	(in this place)	TOWN Ellicott		
HOSPITAL OR			STREET	(If rural, give le	ocation)
INSTITUTION O STREET ADDRE	ss Columbia Roa			mbia Road	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (M	onth) (Day) (Year)
(Type or Print)	Eudora	Giffin		DEATH	5-15-51 19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year If under 24 hr Months Days Hours Min.
Female	White	WIDOWED, DIVORCED, (Specify) VIOW	9-23-1868	82 утв.	Montas Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
At He	vorking life, even if retired)	None	Sykesville, M	d.	COUNTRY?
13. FATHER'S NAM	E		14. MOTHER'S MAIDER	NAME	
George	e Hayworth		Emily	Rerry	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	17 16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown)	(If yes, give war or dates service)	None	Jackson Giff		City, Md.
NO	ibor recoy	18. MEDICAL CE			
Immediat 42. Anteceder Diseases or giving rise t stating the to	nt cause(s) conditions, if any, o the above cause inderlying cause last (c)	Arterioscler	otic Card	io Vaxendan	Chicage 5 years
related to the dises	sting to the desth but not se or condition causing dea				
19a. DATE OF OPE	RATION 196. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY1
nory		none			Yes 🗆 No 🛛
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office hidg., etc.)	(CITY OR	TOWN) (C	COUNTY) (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OG	CCUR?	
OF INJURY	m.	While at Not While Work At work			
22. I hereby cert alive on	-15 , 195/, at	de deceased from 5-/2 and that death occurred at (Degree of title) Busylorf M.D.	ADDRESS Ellewit	causes and on the	date stated above. DATE SIGNED 6 5-16-51
23. BURIAL, CREM REMOVAL (Spec Burial	ATION PDATE THERE	of NAME OF CEMETE St. Johns	RY OR CREMATORY	LOCATION (City, tow Ellicott	n, or county) (State) City, Md.
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE 0	24. FUNERAL DIRECTO		ADDRESS
SEG. 7- 5	· Johne C	B. Loughau.	F.C. Higinboth	m, Ellicott C	
	1 Pu. B	. E. L.			a management of the second

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

May 31 1951 Way 31 1951 1 1 1 x 1 x 1 x

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04951

Reg. Dist. No. 1.9.1

1. PLACE OF DEATH- COUNTY Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY OF ATA
CITY (If outside corporate limits, write RURAL and OR give nearest town) Rockasand (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR ROCKLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Frederick ad.	STREET (If rural, give location) ADDRESS Old Frederick Rd.
3. NAME OF (First) DECEASED (Type or Print) Nildred K. Grenagle	(Last) 4. DATE (Month) (Day) (Year) OF DEATH May 24,1951 19
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED MELVER CD. (Specify) WIDOWED MELVED CO.	30, 1903—47 June 30, 1903—1903—1903—1903—1903—1903—1903—1903—
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or 10mm Home	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Andrew Martin	Anne Healy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	6. Elbert Grenagle, Old Frederick Rd.
18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Cerchil Hern	arkoge 7 webs
331X Immediate cause (a) Cardul Herricans Antecedent cause(s) Diseases or conditions, if any, (b) 1 dynatics	J 1070-
830 giving rise to the above cause stating the underlying cause last (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes \(\) No \(\)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3-29	19.57, to 5-24, 19.57, that I last saw the deceased
alive on, 19.61., and that death occurred at	ADDRESS DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county) (State)
Burral (Specify) May 28/51 New Cathed	Baltimore, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Orac 31, 1951 John B. Loughau.	Harry A weight 4101 Edmondson Ave.
- I lu BEL	

BUREAU V. S.
BUREAU V. S.

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

04952 eg. Dist. No. 195

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Howard MARYLAND	STATE Maryland COUNTY	Hames
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
TOWN (in this place)	OR TOWN Rulul - near Sanga	
HOSPITAL OR	STREET (If ru'al give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
	11	
3. NAME OF DECEASED (First) RONAL (Middle)	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print)	MAYNES DEATH S	14 1951
6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under	l year If under 24 hrs.
Male W. WIDOWED, DIVORCED, (Specify) 51 NGLE	Dec. 27-1942 8 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, even if retired)	1 Baltinge md	COUNTRY? U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JAMES HAYNES	HAZEL LILLEY	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	1 17. INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of	M. 1/1 . 1 Ba Sa	n
service) No	Mes Hazel Jayer - Java	98/1/
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (B) DROWNING		/ALC TABLE
Immediate cause (a) DRONY / NG		INSTANT
729 Antecedent cause(s)		
Diseases or conditions, if any, (b)		
giving rise to the above cause		
18 5 schooling the under ying cause last		
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
none none		V
	(CITY OR TOWN) (COUNTY)	Yes Nn N
21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING Office bldg., etc.) LITTLE CAUSE OF DEATH. INJURY PATUX ANT PURE		A . A
	Man Saurge Howar	a Md.
OF (Month) (Day) (Year) (Hour) INJUITY OCCURRED While at Nnt while	HOW DID INJURY OCCUR? Deceased wo alwaymates were River, Lell in	HDL 2
· INJURY 5 14 1951 4 Pm. work at work 8	playmeter near River, fell in	river
22. I certify that I took charge of the remains described above, held an A	Automatica & Inquiry At thousand	form the suidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	and died on the day stated above and douth in my	oninian resulted
from: natural causes \(\pi\), accident \(\mathbb{Z}\), suicide \(\pi\), homicide \(\pi\).	undetermined \(\pi\).	openian resumed
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
G. C. M. FallyD	Elliott City Md.	5-111-01
Morge a pungroup "10.		5-14-51
23. BURIAL, CREMATION DATE THE EOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	(State)
REMOVAL (Specify) 5/17/5-1 Sanase	Cemeters Same. M.	meland
DATE REC'D BY LOCAL BEGISTIVAR'S SIGNATURE	24. FUNERAL PIRECTOR	MODRESS
REG. 5/16/5/ Markshilly	Well it Was I have the	Mal
	· NEW YORK ON THE STATE OF THE	



PLEASE

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04953

eg. Dist. No. 196

1. PLACE OF DEATH COUNTY Ellicot		d Co MARYLAND	2. USUAL RESIDENCE STATE Maryland	(HOME) OF DECEA	SED. COUNTY	Balle	Co.
OR give nearest TOWN	orporate limits, write RURA town)		CITY (If outside corpo OR TOWN Pikesy		RAL and give	e nearest town	n)
HOSPITAL OR INSTITUTION O' STREET ADDRE	R Dinol Oli		STREET LICY 409	(If rural, give Upland Road		91	1
3. NAME OF DECEASED (Type or Print)	William	(Middle)	LASKY	OF	Month)	(Day)	(Year)
Male Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	July 4,1888	9. AGE last birthds	Months	Days If unde Hours	er 24 hrs.
done duripa montel a	ATION (Give kind of work gotting life, even if retired)	10b. Kind of Business on Industry Hotel	New York	or foreign country)		CITIZEN OF	WHAT
13. FATHER'S NAM			Katie?				
	ver In U.S. Armed Forces? (If yes, give war or dates of service)		Mrs. Marion Fr	ADDRESS iedlander-			
		18. MEDICAL CE	RTIFICATION		Pikesvi	lle, Me	
	ONDITIONS DIRECTLY I	LEADING TO DEATH C	irrhosis of l	iver		INTERVAL BI ONSET AND 3 MOS	
58/ Immediat	e cause (a)		***************************************	*******************************		*******************	
Anteceder	nt cause(s)						
Diseases or of giving rise to	conditions, if any, (b)	**************************************	**************************************	~~~~~ ~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~	PT	-0 00 07 00 0	
104 stating the u	inderlying cause last				1		
	(c)						
Conditions contribu	CANT CONDITIONS uting to the death hut not see or condition causing death						
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION				20. AUTOP	SY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	E (Home, farm, factory, street, office bidg., etc.) RY	(CITY OR	TOWN)	(COUNTY)	(STATE	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CCUR?			
22. I hereby certi	ify that I attended the	deceased from May 1	4., 19.51, to May	.16., 1951, the	at I last sa	w the dece	ased
alive on M	ay. 16., 19.51, and	that death occurred at	7:45Pm., from the	e causes and on the	he date sta	ted above.	NED
Devin	gf. Jaylor	m.D. P.	nd Clinic El	Viet City	nd	5/16/	157
23. BURIAL, CREM REMOVAL (Spec	ATION DATE THEREO 5/18/51	F NAME OF CEMETE Bnai Israel		Ealtimore,			ate)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	20 FUNERIO DIRECTO	a Red	112112	ADDRESS	10
	10 1		LAIRY, AVANAGE	A) I LILOU	1124-1	611.111	7/10.
	2-5	-	Wal. Summer	29000	1124-2	ane ane	un au

2411 N. Charles Street, Baltimore

(14954)

CERTIFICATE OF DEATH

Reg. Dlst. No....

1. PLACE OF DEATH- COUNTY MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY		
CITY (If outside corporate limits, write RURAL and LEN	GTH OF STAY a this place)	CITY (If outside corporate OR TOWN	limits, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS POR 1/2 Montgan	renged	STREET ADDRESS	(If rural, give locat	tion)
3. NAME OF DECEASED (First) (Middle (Type or Print)	e) /	(Last)	4. DATE (Mont	h) (Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE. 1	DIVORCED,		. AGE last birthday If	under I year If under 24 hrs. Ouths Days Hours Min.
	F BUSINESS OR	11. BIRTHPLACE (State or i		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	70	14. MOTHER'S MAIDEN A	NAME	De ine h
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no, or unknown) (If yes, give war or dates of service)	SECURITY No.	17. INFORMANT AND A	DDRESS Box H	to seed to
1	8. MEDICAL CER			20,0
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO				INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a)	ored	ly Bues		400
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		andra 1	Colum	of long
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	e	lite		200
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF	OPERATION			20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm OF office bldg., et INJURY		(CITY OR TO	WN) (COU	VNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCC OF INJURY m. INJURY OCC	OURRED Not While At work	HOW DID INJURY OCCU	JR?	
22. I hereby certify that I attended the deceased fralive on Maria 125, 192/, and that death	occurred at 1	43a.m., from the co		ate stated above.
SIGNATURE (Degree	oe or title)	an st &	Chon Lo	DATE SIGNED
23. BURIAL CREMATION DATE THEREOF NAM REMOVAL (Specify) 5/28/195/	E OF CEMETER	Y OR CREMATORY LO	OATION (City, town, or	r county) (State) /
DATE REC'S BY LOCAL MEGISTRAR'S SIGNATURE REG. 5/2-8/57 Reg. Had	ent	24. FUNERAL DIRECTOR	lilliamo	ADDRESS 322_A
			- January - J	lar la C

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04955

Reg. Dist. No. 194

1. PLACE OF DEAT	н.		2. USUAL RESIDENCE (10.12	
1. PLACE OF DEATH- COUNTY Howard MARYLAND CITY (Louiside corporate limits, write RURAL and LENGTH OF STAY)			STATE COUNTY Howard			
OTT T IT OURSING	corporate limits, write RURA	L and LENGTH OF STAY (in this place)	OR TOWN Clarks	ate limits, write RURAL and	give nearest town)	
HOSPITAL OR INSTITUTION O STREET ADDRE			STREET ADDRESS	(If rural, give location)		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)	
(Type or Print)	Rebecca C	issel Simpson		OF DEATH 5-	27-51 19	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last birthday If und	er I year If under 24 hru	
F.	W.	(Specify) Wiclow	10-7-1859	91 yrs. 1		
done during most of	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME		
	Cissel		Rebecca Sto			
15. WAS DECRASED E	VER IN U.S. ARMED FORCES' (If yes, give war or dates of	16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS		
No	service)	None	Viss Laura Si	mpson, Clarksvil	Le Md	
I. DISEASES OR C	ONDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	ERTIFICATION		INTERVAL BETWEEN ONSET AND DEATE	
Immedia	te cause (a)	Chronic myo	cardial failu	re	4 days	
	nt cause(s) conditions, if any, (b)	arterioscles	rotic heart d	isease with	5 yrs	
oo giving rise t	to the above cause underlying cause last	auricular fi	ibrillation			
Conditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing deat	169	norrhage c le	ft hemiplegia	6 months	
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?	
				• 1	Yes 🗆 No 🛜	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU		(CITY OR		Y) (STATE)	
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
		deceased from 12/2	, 19 50, to 5/2	7 , 19 51, that I last	saw the deceased	
alive on	5/27 , 19 51, an	d that death occurred at (Degree or title)	4:00 m, from the	causes and on the date	stated above. DATE SIGNED	
Chala	5 S. Whita	7 7	Clarksville,		5/30/51	
23. BURIAL, CREM REMOVAL (Spe	city) DATE THEREC	NAME OF CEMETE Mt.Zion	ERY OR CREMATORY	LOCATION (City, town, or con Highland	inty) (State)	
DATE REC'D BY REG. 5/31/	51 REGISTRAR'S	G. Whitaky	24. FUNERAL DIRECTO	or nom, Ellicott Cit;	ADDRESS y, Md.	

VS. A15

